

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008758

1. Entity Name
ASHLEY'S LIMOUSINE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90036 006 ***150.00

Principal Place of Business
1104 TWIN LAUREL BLVD.
NOKOMIS FL 34275

Mailing Address
1104 TWIN LAUREL BLVD.
NOKOMIS FL 34275-1834



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3439 Technology Drive

3. Mailing Address
3439 Technology Drive

Suite, Apt. #, etc.

Suite 8

Suite, Apt. #, etc.

Suite 8

City & State
Nokomis, FL

City & State
Nokomis, FL

4. FEI Number 65-0557965

Applied For
Not Applicable

Zip Country
34275 USA

Zip Country
34275 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRZYMALA, LEON JR.
1104 TWIN LAUREL BLVD.
NOKOMIS FL 34275

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GRZYMALA, LEON W JR.	
STREET ADDRESS	1104 LAUREL BLVD.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRZYMALA, GARY	
STREET ADDRESS	1104 LAUREL BLVD.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRZYMALA, TRACI	
STREET ADDRESS	1104 LAUREL BLVD.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRZYMALA, TERESA	
STREET ADDRESS	1104 LAUREL BLVD.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leon W. Grzymala, Jr.* LEON GRZYMALA, JR. 4-24-00 (941) 484-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)